

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Bjørn-Harald Sjøgren et al.

Application No.: 10/720,262

Confirmation No.: 4105

Filed: November 25, 2003

Art Unit: 2168

For: DATABASE CONSTRAINT ENFORCER

Examiner: M. H. Dwivedi

**REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF
NEW POWER OF ATTORNEY BY THE ASSIGNEE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant respectfully submits:


☒ Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (PTO/SB/82) signed by the CEO of Onsagers, the assignee of the entire interest of this application.

☒ Attached is a Combined Declaration and Power of Attorney.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to our Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. § 1.16 or under § 1.17; particularly, extension of time fees.

Dated: December 10, 2007

Respectfully submitted,

By  #58,755
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/720,262
Filing Date	November 25, 2003
First Named Inventor	Bjorn-Harald Sjogren
Art Unit	2168
Examiner Name	M. H. Dwivedi
Attorney Docket Number	1360-0255PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

02292

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

02292

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Birch, Stewart, Kolasch & Birch, LLP				
Address	P.O. Box 747				
City	Falls Church	State	Virginia	Zip	22040-0747
Country	United States				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Knut Berg-Jacobsen</i>		
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Date	07.12.2007	Telephone	+47 92 6070 98

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or reject a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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